

# The Commonwealth of Massachusetts Executive Office of Health and Human Services Department of Public Health 250 Washington Street, Boston, MA 02108-4619

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**CIRCULAR LETTER: DHCQ 08-02-482** 

TO: Chief Executive Officers

Acute Care Hospitals

FROM: Paul Dreyer, Ph.D., Bureau Director

DATE: February 22, 2008

RE: Healthcare Associated Infections Reporting Requirement in Acute Care Hospitals

The purpose of this letter is to inform acute care hospitals<sup>1</sup> of new requirements for the collection and reporting of selected healthcare-associated infection (HAI) data pursuant to amendments to hospital licensure regulations amendment at 105 CMR 130.1701 (see Attachment 2 for the text of the amendment).

- 1. No later than April 1, 2008, acute care hospitals shall register with the Center for Disease Control and Prevention's (CDC) National Health Safety Network (NHSN).
- 2. No later than April 1, 2008, acute care hospitals shall nominate and subsequently grant access rights on the NHSN system to DPH and the Betsy Lehman Center for Patient Safety and Medical Error Reduction (BLC). These rights give DPH and BLC access to certain specific healthcare-associated infection measures entered into NHSN and rights to hospital-specific reports generated by NHSN.
- 3. No later than July 1, 2008, each hospital must collect and submit the specified HAI data elements to NHSN as outlined in the summary (see Attachment 1).

The amendment fulfills a mandate of the Healthcare Reform Act passed in 2006 that requires DPH create an Infection Prevention and Control program, of which reporting is a key element. Public reporting is becoming increasingly important in assuring transparency and accountability.

DPH and BLC convened an Expert Panel representing academic, organizational, professional and consumer representatives to draw on their knowledge and experience in the field. The Expert Panel concluded its work by making evidence based recommendations for the reporting of outcome and

<sup>&</sup>lt;sup>1</sup> Please note that the definition of "hospital" in the new regulation exempts only college infirmaries and hospitals that provide just mental health, behavioral health or substance abuse services. Although the Department intends to ultimately require chronic and rehabilitation hospitals to participate, at this time participation is not mandatory. The Department will issue a circular letter to advise such hospitals when it expects compliance with the new regulations.

process measures. The Panel also recommended using NHSN for data entry and reporting of data. The final report containing all of the Panel's findings can be found at <a href="https://www.mass.gov/dph/betsylehman/index.htm">www.mass.gov/dph/betsylehman/index.htm</a>

In reaching its final conclusions, the Expert Panel recommended using NHSN for reporting HAI because it offers many advantages including efficiency, standardization and the opportunity for benchmarks. NHSN also offers an established and well-documented system that is being widely adopted across the country.

DPH is issuing detailed instructions on the procedures for NHSN enrollment including documentation of the data element definitions, reporting requirements and explanations of other program components. These are included in this mailing. Additional information on NHSN can be found on their home page <a href="https://www.cdc.gov/ncidod/dhqp/nhsn.html">www.cdc.gov/ncidod/dhqp/nhsn.html</a>

The NHSN website and documentation being mailed describes the complete system. Both guide users through each step of the enrollment process and the required training. CDC is available for consultation during implementation with JSI providing back-up services. CDC also offers a monthly conference call where States from across the country share their issues.

As noted above, the Expert Panel recommended the tracking of specific infections as well as three tiers of reporting with variable rights to access. Tier one includes HAI measures that will be accessed by DPH for purposes of monitoring public reporting. The measures were selected because of their significance and prevention potential and because uniform definitions are available and agreed upon. Tier two includes HAI measures where uncertainty about standardization and validity exist. The Expert Panel has recommended that BLC review the data during this initial period and determine if future monitoring and public reporting is appropriate. The third tier includes measures to be reported and monitored within a hospital as part of its quality improvement activities. Attachment 1 summarizes the selected measures and level of reporting.

#### Attachment 1

# Summary Chart of HAI-Related Measures based on recommendations of the Massachusetts Expert Panel, January 31st 2008

Outcome Measures		Reporting Level		
		DPH	BLC	Internal
<b>✓</b>	CVC-BSI in ICUs – true pathogens (CDC criterion 1)*	•		
✓	CVC-BSI in ICUs – skin contaminants (CDC criterion 2 and 3)*		•	
<b>✓</b>	CVC-BSI outside of ICUs – true pathogens and skin contaminants (CDC criteria 1 and 2)*			•
✓	SSI resulting from hip arthroplasty	•		
✓	SSI resulting from knee arthroplasty	<b>*</b>		
✓	SSI resulting from hysterectomy (vaginal and abdominal)		•	
<b>√</b>	SSI resulting from coronary artery bypass graft		•	
✓	Ventilator-Associated Pneumonia (VAP)			•
	Point prevalence of methicillin-resistant Staphylococcus aureus (MRSA)		•	
	Clostridium difficile-associated disease (CDAD)			<b>*</b>
Pro	ocess Measures			
	VAP prevention: Daily application of protocol-driven assessments for ventilation		•	
	VAP prevention: Elevation of the head of the patient's bed		•	
✓	Influenza vaccination of healthcare workers (new to NHSN for 2008)		<b>*</b>	

CVC-BSI – central venous catheter-associated bloodstream infection

ICU – intensive care unit

SSI – surgical site infection

DPH – Department of Public Health

BLC – Betsy Lehman Center for Patient Safety and Medical Error Reduction

Internal – For reporting hospital's own use only

<sup>✓ =</sup> Measure found in National Healthcare Safety Network (NHSN)

<sup>\*</sup> please see  $\underline{\text{Attachment C}}$  in Recommendations Related to Reporting of Healthcare-Associated Infection Measures

#### Attachment 2

### Proposed Amendments to 105 CMR 130.000 (Hospital Licensure)

#### 130.1700 Definitions

The following definitions apply to 105 CMR 130.1701:

<u>Betsy Lehman Center</u> means the Betsy Lehman Center for Patient Safety and Medical Error Reduction established pursuant to M.G.L. c. 6A, § 16E.

<u>Hospital</u> means any hospital licensed under M.G.L. c. 111, § 51, unless such hospital is a college infirmary or a hospital that provides only mental health, behavioral health or substance abuse services.

<u>National Healthcare Safety Network (NHSN)</u> means the data collection network operated by the Centers for Disease Control and Prevention.

## 130.1701 Healthcare-Associated Infection Data Collection, Submission and Reporting

- (A) No later than April 1, 2008, each hospital shall:
  - (1) register with the NHSN; and
  - (2) grant access to the Department and the Betsy Lehman Center, in accordance with guidelines of the Department, to:
    - (a) healthcare-associated infection data elements reportable to the NHSN; and
    - (b) hospital-specific reports generated by the NHSN.
- (B) No later than July 1, 2008, each hospital shall collect and submit to the NHSN healthcare-associated infection data elements in accordance with guidelines of the Department.